

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

Application Number

10/018515

Filing Date

Application

|                 | Indep | Depend | Indep | Depend | Indep | Depend |
|-----------------|-------|--------|-------|--------|-------|--------|
| 1               |       |        |       |        |       |        |
| 2               |       |        |       |        |       |        |
| 3               |       |        |       |        |       |        |
| 4               |       |        |       |        |       |        |
| 5               |       |        |       |        |       |        |
| 6               |       |        |       |        |       |        |
| 7               |       |        |       |        |       |        |
| 8               |       |        |       |        |       |        |
| 9               |       |        |       |        |       |        |
| 10              |       |        |       |        |       |        |
| 11              |       |        |       |        |       |        |
| 12              |       |        |       |        |       |        |
| 13              |       |        |       |        |       |        |
| 14              |       |        |       |        |       |        |
| 15              |       |        |       |        |       |        |
| 16              |       |        |       |        |       |        |
| 17              |       |        |       |        |       |        |
| 18              |       |        |       |        |       |        |
| 19              |       |        |       |        |       |        |
| 20              |       |        |       |        |       |        |
| 21              |       |        |       |        |       |        |
| 22              |       |        |       |        |       |        |
| 23              |       |        |       |        |       |        |
| 24              |       |        |       |        |       |        |
| 25              |       |        |       |        |       |        |
| 26              |       |        |       |        |       |        |
| 27              |       |        |       |        |       |        |
| 28              |       |        |       |        |       |        |
| 29              |       |        |       |        |       |        |
| 30              |       |        |       |        |       |        |
| 31              |       |        |       |        |       |        |
| 32              |       |        |       |        |       |        |
| 33              |       |        |       |        |       |        |
| 34              |       |        |       |        |       |        |
| 35              |       |        |       |        |       |        |
| 36              |       |        |       |        |       |        |
| 37              |       |        |       |        |       |        |
| 38              |       |        |       |        |       |        |
| 39              |       |        |       |        |       |        |
| 40              |       |        |       |        |       |        |
| 41              |       |        |       |        |       |        |
| 42              |       |        |       |        |       |        |
| 43              |       |        |       |        |       |        |
| 44              |       |        |       |        |       |        |
| 45              |       |        |       |        |       |        |
| 46              |       |        |       |        |       |        |
| 47              |       |        |       |        |       |        |
| 48              |       |        |       |        |       |        |
| 49              |       |        |       |        |       |        |
| 50              |       |        |       |        |       |        |
| Total<br>Indep  |       |        |       |        |       |        |
| Total<br>Depend | 0     |        |       |        |       |        |
| Total<br>Claims | 1     |        |       |        |       |        |

|                 | Indep | Depend | Indep | Depend | Indep | Depend |
|-----------------|-------|--------|-------|--------|-------|--------|
| 51              |       |        |       |        |       |        |
| 52              |       |        |       |        |       |        |
| 53              |       |        |       |        |       |        |
| 54              |       |        |       |        |       |        |
| 55              |       |        |       |        |       |        |
| 56              |       |        |       |        |       |        |
| 57              |       |        |       |        |       |        |
| 58              |       |        |       |        |       |        |
| 59              |       |        |       |        |       |        |
| 60              |       |        |       |        |       |        |
| 61              |       |        |       |        |       |        |
| 62              |       |        |       |        |       |        |
| 63              |       |        |       |        |       |        |
| 64              |       |        |       |        |       |        |
| 65              |       |        |       |        |       |        |
| 66              |       |        |       |        |       |        |
| 67              |       |        |       |        |       |        |
| 68              |       |        |       |        |       |        |
| 69              |       |        |       |        |       |        |
| 70              |       |        |       |        |       |        |
| 71              |       |        |       |        |       |        |
| 72              |       |        |       |        |       |        |
| 73              |       |        |       |        |       |        |
| 74              |       |        |       |        |       |        |
| 75              |       |        |       |        |       |        |
| 76              |       |        |       |        |       |        |
| 77              |       |        |       |        |       |        |
| 78              |       |        |       |        |       |        |
| 79              |       |        |       |        |       |        |
| 80              |       |        |       |        |       |        |
| 81              |       |        |       |        |       |        |
| 82              |       |        |       |        |       |        |
| 83              |       |        |       |        |       |        |
| 84              |       |        |       |        |       |        |
| 85              |       |        |       |        |       |        |
| 86              |       |        |       |        |       |        |
| 87              |       |        |       |        |       |        |
| 88              |       |        |       |        |       |        |
| 89              |       |        |       |        |       |        |
| 90              |       |        |       |        |       |        |
| 91              |       |        |       |        |       |        |
| 92              |       |        |       |        |       |        |
| 93              |       |        |       |        |       |        |
| 94              |       |        |       |        |       |        |
| 95              |       |        |       |        |       |        |
| 96              |       |        |       |        |       |        |
| 97              |       |        |       |        |       |        |
| 98              |       |        |       |        |       |        |
| 99              |       |        |       |        |       |        |
| 100             |       |        |       |        |       |        |
| Total<br>Indep  |       |        |       |        |       |        |
| Total<br>Depend |       |        |       |        |       |        |
| Total<br>Claims |       |        |       |        |       |        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.